

Late Contribution Report

1/2 Prop 93
Type or print in ink.
Amounts may be rounded to whole dollars.

CA-1306440

NAME OF FILER Mike Feuer for Assembly 2008			Date of This Filing 01/25/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California		LATE CONTRIBUTION REPORT CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER (323) 655-4065		I.D. NUMBER (if applicable) 1292457	Report No. LCM-80125	JAN 25 2008		For Official Use Only	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	DEBRA BOWEN Secretary of State			
CITY Los Angeles	STATE CA	ZIP CODE 90048	No. of Pages - 2	1 / 2			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

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Late Contribution Report

2/2
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Prop 93

LATE CONTRIBUTION REPORT

NAME OF FILER Mike Feuer for Assembly 2008		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of State of California JAN 25 2008 DEBRA BOWEN Secretary of State 2/2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1292457	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____	STATE _____ ZIP CODE _____	No. of Pages _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008 	Committee for Term Limits & Legislative Reform Sacramento CA 95814 ID: 1296108 Ref: <input type="checkbox"/>	Ballot: Dist:	25000.00	
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Hector De La Torre for State Assembly 2008			Date of This Filing 01/24/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State JAN 25 2008 1/2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 655-4065	I.D. NUMBER (if applicable) 1292805		Report No. LCM-80124		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90048	No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

camp

Prop 93

2/2

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Late Contribution Report

LATE CONTRIBUTION REPORT

NAME OF FILER Hector De La Torre for State Assembly 2008		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 25 2008 <i>R</i> DEBRA BOWEN Secretary of State 2 / 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1292805	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____	STATE _____	ZIP CODE _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008 	Committee for Term Limits & Legislative Reform Sacramento CA 95814 ID: 1296108 Ref: <input type="checkbox"/>	Ballot: Dist:	20000.00	
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER
Viejas Band of Kumeyaay Indians

AREA CODE/PHONE NUMBER
(619) 659-2369

I.D. NUMBER (if applicable)
494111

STREET ADDRESS

CITY
Alpine, CA 91901

STATE **ZIP CODE**

Date of This Filing 01/29/2008

Report No. 1

☐ Amendment to Report No. (explain below)

No. of Pages 1

RECEIVED AND FILED
Date Stamp
in the office of the Secretary of State
of the State of California

JAN 25 2008

DEBRA BOWEN
Secretary of State

LATE CONTRIBUTION REPORT

CALIFORNIA FORM 497
For Official Use Only

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008	Yes on Prop. 93, A Coalition of Business, Labor, Teachers, Lawmakers, Public Safety and Assemblymembers Bass and Lieu Sacramento, CA 95814	Prop. 93 - Limits on Legislators' Terms in Office	50,000.00	

Reason for Amendment:

FPPC Form 497 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

01/25/2008 18:06 OLSON, HAGEL 9164421280 + SOS NO. 090 P001

89613.08

Late Contribution Report

93

Filed Electronically

LATE CONTRIBUTION REPORT

NAME OF FILER
California State Council of Service Employees Issues Committee

AREA CODE/PHONE NUMBER
(916) 442-3838

STREET ADDRESS

CITY
Sacramento

STATE
CA

ZIP CODE
95814

I.D. NUMBER (if applicable)
960895

Date of This Filing
01/25/2008

Report No.
LC-32

☐ Amendment to Report No. (explain below)

No. of Pages
1

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in the office of the Secretary of State of the State of California

JAN 25 2008

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 497

For Official Use Only

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Yes on 93, Committee for Term Limits and Legislative Reform Sacramento, CA 95814 I.D. Number: 1296108	Proposition 93, Limits on Legislators' Terms in Office, Statewide	1,000,000.00 #2008-0115	02/05/2008

Reason for Amendment: _____

- ☒ Secretary of State ☐ FEC ☒ Los Angeles County ☒ SF City & County ☐ Sacramento County ☐ City of Sacramento
- ☐ Alameda County ☐ Fresno County ☐ Merced County ☐ Monterey County ☐ San Joaquin County
- ☐ Santa Barbara County ☐ Santa Clara County ☐ Santa Cruz County ☐ Solano County ☐ Yolo County
- If Other Than Above Please List: _____

MD

Prop 93

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER BRED BASTINGS		Date of This Filing 01/25/2008	Date Stamp L	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (if applicable) 499251	Report No.	RECEIVED AND FILED In the Office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	FILED ELECTRONICALLY	
CITY SANTA CRUZ, CA 95060	STATE CA	ZIP CODE 95060	DEBRA BOWEN Secretary of State	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008	ALLIANCE FOR CALIFORNIA'S RENEWAL (#1302319)	GENERAL PURPOSE COMMITTEE	99,227.66	
	RANCHO SANTA MARGARI, CA 92688 NON-MONETARY CONTRIBUTION			

☒ Secretary of State Political Reform Division
 FAX: (915) 553-5045
☒ San Francisco County Registrar of Voters
 FAX: (415) 554-7344
☒ L.A. County Registrar/Recorder-Campaign Reporting
 FAX: (562) 551-2548
☐ FAX: ()

Reason for Amendment:

7347.01 *[Signature]* /SL

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER California Retailers Association Issues Committee sponsored by California Retailers Association Issues Committee			Date of This Filing <u>01/25/2008</u>	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 25 2008 DEBRA BOWEN Secretary of State 1/2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 443-1975	I.D. NUMBER (if applicable) 1274157		Report No. <u>LCM-80125</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814-2740	No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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LATE CONTRIBUTION REPORT

NAME OF FILER California Retailers Association Issues Committee sponsored by California Retailers Association Issues Committee		Date of this Filing _____	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 25 2008 DEBRA BOWEN Secretary of State 212	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1274157	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008 	Committee for Term Limits and Legislative Reform Sacramento CA 95814 ID: 1296108 Ref: <input type="checkbox"/>	Ballot: 93 Dist:	25000.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

SM

Slate Mailer Late Payment Report

Type or print in ink.
Amounts may be rounded to whole dollars.

93

RECEIVED AND FILED in the office of the Secretary of the State of California		FOR LATE PAYMENT REPORT	
JAN 25 2008		CALIFORNIA FORM 498	
DEBRA BOWEN Secretary of State		For Official Use Only	

☐ Amendment No. _____
Report No. _____ LRJan24 (1)

NAME OF SLATE MAILER ORGANIZATION

Republican Woman's Voice

STREET ADDRESS

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

(949) 495-3314

1293667

CITY

STATE

ZIP CODE

Laguna Niguel CA, 92677

Late Payment(s) Received From:

NAME

Alliance for California's Renewal

I.D. NUMBER (# applicable)

1302319

ADDRESS

CITY

STATE

ZIP CODE

Rancho Santa Margarita CA 92688

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (# applicable)

DATE RECEIVED:

01/24/2008

AMOUNT

\$

10,000.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Term Limits 93

☐ SUPPORT☒ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

California

AMOUNT ATTRIBUTED

\$

10,000.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$